- 17 MAY 2005

Page 1 of 3 DECLARATION FOR "371" APPLICATION

10/535228

				PU5028USw	
APPLICATION WITH	POWER OF	ATTORNEY		First Names BOGGS	Inventor:
(X) Declaration submitted with initial	filing or			Complete App No.:	if known:
() Declaration submitted after initial fi	ling (surcharge requ	nired 37CFR1.16(e))		Filing Date	
				Group Art	t Unit:
As below named i	inventor. I hereby	declare that:			
My residence, post office a	address and citizer	nship are as stated below	w next to my name.		
I believe I am the original, (if plural names are listed entitled:	first and sole invented below) of the subj	entor (if only one name ect matter which is clair	is listed below) or an original, med and for which a patent is s	first and join ought on the	t inventor invention
	FAR	NESOID X RECEPTO	OR AGONISTS		
the specification of which	(check only one is	tem below):			
Application Number PC			or PCT or 12, 2003 and was amended o		1
	reviewed and unde	erstand the contents of the referred to above.	he above-identified specification	on, including	; the claims,
I acknowledge the duty to	disclose informa	tion which is material to	patentability as defined in 37	CFR §1.56.	
I hereby claim foreign priority ber inventor's certificate or 365(a) of a States of America, listed below an certificate or of any PCT internati	any PCT internation and have also idention onal application h	onal application which d fied below, by checking aving a filing date befor	the box, any foreign application on whom the that of the application on who	on for patent	or inventor's
PRIOR FOREIGN AND ANY I	PRIORITY CLA	Country	Foreign Filing Date		PRIORITY
Number (s)			(MM/DD/YYYY))	CLAIMED
1.					
2.					
3.					
5					
I hereby claim the benefit under 7	Fitle 35. United St	ates Code §119(e) of an	ny United States provisional ap	plication(s) l	isted below:
Application No.		Filing Date	e (MM/DD/YYYY)		
1. 60/428,374		1	1/22/2002		
2.					

Page 2 of 3 DECLARATION FOR "371" APPLICATION

COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

ATTORNEY'S DOCKET NUMBER

PU5028USw

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. PARENT APPLICATION of	r PCT PARENT APPLICAT	ION			
			STATUS (Check one)		
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED	
POWER OF ATTORNEY: As a named invent prosecute this application and to transact all busi Customer Number 23347 and Customer Number	ness in the Patent and Trademark	ers associated with the Office connected therew	Customer Numbers	provided below to	
Address all correspondence and telephone conduction of the David J. Levy Corporate Intellectual Property GlaxoSmithKline Five Moore Drive, PO Box 13398 Research Triangle Park, NC 27709-3398	alls to Customer Number 23.	347		alls to: .nn Morgan 483-8222	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	BOGGS	Sharon	<u>D</u>
(C7/L	INVENTOR'S	Signature		Date:
10'	SIGNATURE	Mary D. Begg		12/05/03
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
1 1	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	COLLINS	Jon	L
	INVENTOR'S	Signature ·	-	Date:
	SIGNATURE	_	•	
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	HYATT	Stephen	M
	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US
1	POST OFFICE	POST OFFICE ADDRESS	СІТҮ	STATE & ZIP CODE/COUNTRY
3	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		<u></u>



Page 3 of 3 DECLARATION FOR "371" APPLICATION

188475 P. O.

2	FULL NAME OF INVENTOR	FAMILY NAME MALONEY	FIRST GIVEN NAME Patrick	SECOND GIVEN NAME/INITIAL R
	INVENTOR'S SIGNATURE	Signature	. `	Date:
0	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
4	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	сіту Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US

TOTAL 17 MAY ALL

Page 1 of 3 DECLARATION FOR "371" APPLICATION

10/575228

COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY				ATTORNEY'S DOCKET PU5028USw First Names Inventor: BOGGS
(X) Declaration submitted with initia	-			Complete if known: App No.:
() Declaration submitted after initial filing (surcharge required 37CFR1.16(e))			Filing Date	
				Group Art Unit:
As below named	inventor. I here	by declare that:		
My residence, post office	address and citiz	enship are as stated belo	ow next to my name.	
			e is listed below) or an original, fi imed and for which a patent is so	
	FA	RNESOID X RECEPT	OR AGONISTS	
the specification of which	(check only one	item below):		
[]is attached hereto. OR				-
	as Unit	ted States application Se	rial No or PCT In	nternational
	<u>I/US03/ 35808</u> applicable)	filed November	er 12, 2003 and was amended on	(MM/DD/YYYY)
I hereby state that I have a amended by any amended			the above-identified specification	, including the claims,
I acknowledge the duty to	disclose informa	ation which is material to	o patentability as defined in 37 CI	FR §1.56.
I hereby claim foreign priority ben inventor's certificate or 365(a) of a States of America, listed below and certificate or of any PCT internation	ny PCT internation in the second in the seco	onal application which of ified below, by checking laving a filing date befor	designated at least one country of the box, any foreign application to that of the application on which	ner than the United for patent or inventor's
PRIOR FOREIGN AND ANY P		IMS UNDER 35 U.S.C Country	. 119: Foreign Filing Date	PRIORITY
Number (s)		Jounu y	(MM/DD/YYYY))	CLAIMED
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2. 3.		· · · · · · · · · · · · · · · · · · ·		
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5.				
I hereby claim the benefit under Ti	tle 35, United St	ates Code §119(e) of an	y United States provisional applic	eation(s) listed below:
Application No.			(MM/DD/YYYY)	
1. 60/428,374				

Page 2 of 3 DECLARATION FOR "371" APPLICATION

COMBINED DECLARATION FOR UTILITY or DESIGN
PATENT APPLICATION WITH POWER OF ATTORNEY Continued

ATTORNEY'S DOCKET NUMBER

PU5028USw

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

				•
PRIOR U.S. PARENT APPLICATION	or PCT PARENT APPLICAT	ION		
			STATUS (Check	one)
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED
POWER OF ATTORNEY: As a named inverpresecute this application and to transact all bu Customer Number 23347 and Customer Number 23047 and Customer Number 2004 and Customer 2004 and Cust	siness in the Patent and Trademark			provided below to
Address all correspondence and telephone	calls to Customer Number 233	<u>847</u>	Direct Telephone Ca	ills to:
David J. Levy Corporate Intellectual Property	•		Lorie Ann Morgan	
GlaxoSmithKline	•		919-	483-8222
Five Moore Drive, PO Box 13398 Research Triangle Park, NC 27709-339	98			
I hereby declare that all statements made here believed to be true; and further that the made are punishable by fine or imprisonment the validity of the application or any patent	se statements were made with the ent, or both, under 18 U.S.C. 100	e knowledge that will	ful false statemen	ts and the like so

	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	BOGGS	Sharon	D
Ì	INVENTOR'S	Signature		Date:
	SIGNATURE	<u> </u>		
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
1	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	COLLINS	Jon	L
2 ()	INVENTOR'S	Signature Jon L. Calling		Date: 2/23/04
1 ⁰	SIGNATURE	7 - 7 - 30 - 3		- 1 - 1 - 1
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham_	NC NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	HYATT	Stephen	M
	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
3	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
	l	Five Moore Drive, PO Box 13398		



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Page 3 of 3 DECLARATION FOR "371" APPLICATION

Programme Commence

2	FULL NAME OF INVENTOR	FAMILY NAME MALONEY	FIRST GIVEN NAME Patrick	SECOND GIVEN NAME/INITIAL R
	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
4	ADDRESS	GlaxoSmithKline .	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		

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COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT			PU5028USw	
APPLICATION WITH POWER O)F ATTORNEY		First Names Inventor: BOGGS	
(X) Declaration submitted with initial filing or			Complete if known: App No.:	
() Declaration submitted after initial filing (surcharge required 37CFR1.16(e))			Filing Date	
			Group Art Unit:	
As below named inventor. I here	by declare that:			
My residence, post office address and citiz	enship are as stated below	next to my name.		
I believe I am the original, first and sole in (if plural names are listed below) of the su entitled:	ventor (if only one name is bject matter which is claim	listed below) or an original, fed and for which a patent is so	irst and joint inventor ought on the invention	
FA	RNESOID X RECEPTO	R AGONISTS		
the specification of which (check only one	item below):			
[]is attached hereto. OR [x] was filed on as Uni	ted States application Seria	l No or PCT I	nternational	
Application Number PCT/US03/ 35808 (if applicable)	filed November	12, 2003 and was amended on	(MM/DD/YYYY)	
I hereby state that I have reviewed and und as amended by any amendment specificall		above-identified specification	n, including the claims,	
I acknowledge the duty to disclose inform	ation which is material to p	atentability as defined in 37 C	FR §1.56.	
I hereby claim foreign priority benefits under 35 Univentor's certificate or 365(a) of any PCT international states of America, listed below and have also identicertificate or of any PCT international application.	onal application which des ified below, by checking the naving a filing date before	ignated at least one country of the box, any foreign application that of the application on whice	her than the United for patent or inventor's	
PRIOR FOREIGN AND ANY PRIORITY CLA Prior Foreign Application	Country	Foreign Filing Date	PRIORITY	
Number (s)		(MM/DD/YYYY))	CLAIMED	
1.				
2. 3.				
4.				
5.				
I hereby claim the benefit under Title 35, United S			cation(s) listed below:	
Application No.	Filing Date (MM/DD/YYYY)		
1. 60/428,374	11/2	22/2002		

Page 2 of 3 DECLARATION FOR "371" APPLICATION

COMBINED DECLARATION FOR UTILITY or DESIGN	
PATENT APPLICATION WITH POWER OF ATTORNEY Conti	nued

ATTORNEY'S DOCKET NUMBER

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PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION						
		STATUS (Check one)				
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED		
POWER OF ATTORNEY: As a named inven	tor I hereby appoint the practition	ers associated with the	Customer Numbers	provided below to		
procedute this application and to transact all hus				provided below to		

prosecute this application and to transact all business in the Patent and Trademark Office connected therewith

Customer Number 23347 and Customer Number 20462

Direct Telephone Calls to:

	Address all correspondence and telephone calls to Customer Number 23347	Direct relephone Cans to.	
	David J. Levy	1	
Corporate Intellectual Property		Lorie Ann Morgan	
	GlaxoSmithKline	919-483-8222	
	Five Moore Drive, PO Box 13398		
	Research Triangle Park, NC 27709-3398		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	BOGGS	Sharon	D
	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
1	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
Five Moore Drive, PO Box 133		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	COLLINS	Jon	L
	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
	Five Moore Drive, PO Box 13398			
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	HYATT	Stephen	M
N	INVENTOR'S	Signature D	· 02 -	Date:
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	CITIZENSHIP	Durham	NC NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
3	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398	l	



Page 3 of 3 DECLARATION FOR "371" APPLICATION

(•		
11 20	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
\mathcal{L}_{2}	OF INVENTOR	MALONEY	Patrick	R
1	INVENTOR'S	Signature / / / / / /		Date:
	SIGNATURE	Tatrice & Malone		24 NOV 03
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC / C	US
	POST OFFICE	POST OFFICE ADDRESS	СПУ	STATE & ZIP CODE/COUNTRY
4	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		